STATE OF ARIZONA SUPPLEMENTAL FORM FOR BENEFICIARIES AND DEPENDENTS

EMPLOYEE IDENTIFICATION

LAST NAME, FIRST NAME, M.I.		EMPLOYEE ID NUMBER (EIN)	DATE OF EMPLOYMENT
STREET ADDRESS		CITY, STATE	ZIP CODE
HOME TELEPHONE ( )	WORK TELEPHONE ( )	AGENCY NAME/PROCESS LEVEL	AGENCY CODE

ADDITIONAL BENEFICIARIES

01 LAST NAME, FIRST NAME, M.I.	STREET ADDRESS	CITY, STATE	ZIP CODE
☐ PRIMARY BENEFICIARY ☐ CONTINGENT BENEFICIARY	% OF FUNDS	PHONE NUMBER ( )	
02 LAST NAME, FIRST NAME, M.I.	STREET ADDRESS	CITY, STATE	ZIP CODE
☐ PRIMARY BENEFICIARY ☐ CONTINGENT BENEFICIARY	% OF FUNDS	PHONE NUMBER ( )	
03 LAST NAME, FIRST NAME, M.I.	STREET ADDRESS	CITY, STATE	ZIP CODE
☐ PRIMARY BENEFICIARY ☐ CONTINGENT BENEFICIARY	% OF FUNDS	PHONE NUMBER ( )	
04 LAST NAME, FIRST NAME, M.I.	STREET ADDRESS	CITY, STATE	ZIP CODE
☐ PRIMARY BENEFICIARY ☐ CONTINGENT BENEFICIARY	% OF FUNDS	PHONE NUMBER ( )	

TRUST OR LEGAL AGREEMENT**

NAME OF TRUST, WILL OR LEGAL AGREEMENT		
STREET ADDRESS WHERE FILED	CITY, STATE	ZIP CODE
DATE OF TRUST		

This form MUST be accompanied by a completed and signed enrollment/change form.

ADDITIONAL DEPENDENTS

LAST NAME, FIRST NAME, M.I. (LIST LAST NAME IF IT DIFFERENT THAN APPLICANT)	**MEDICARE** A= Medicare A B= Medicare B C= No Medicare D= Medicare Unknown	**BIRTHDATE** (MM/DD/YY)	**RELATIONSHIP CODE** C=Child, G=Guardian, P=Placed for adoption, T=Stepchild	**MALE OR FEMALE**	**FULL TIME STUDENT Y or N**	**DISABLED** Y or N
07	☐A ☐B ☐C ☐D		☐C ☐G ☐P ☐T	☐M ☐F		
08	☐A ☐B ☐C ☐D		☐C ☐G ☐P ☐I	☐M ☐F		
09	☐A ☐B ☐C ☐D		☐C ☐G ☐P ☐T	☐M ☐F		
10	☐A ☐B ☐C ☐D		☐C ☐G ☐P ☐T	☐M ☐F		
11	☐A ☐B ☐C ☐D		☐C ☐G ☐P ☐T	☐M ☐F		
12	☐A ☐B ☐C ☐D		☐C ☐G ☐P ☐T	☐M ☐F		

EMPLOYEE AUTHORIZATION AND SIGNATURE

I hereby certify under penalty of perjury that the information I have provided in this application for employee benefits, including address and spouse/dependent information is true and correct. I further acknowledge that I am aware that providing false information may subject me to a denial of employee benefits, disciplinary action, and potential prosecution pursuant to ARS Sections 13-2310, 13-2311, 13-2702 and other applicable provisions of the law.

EMPLOYEE SIGNATURE:_____ DATE:_____